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ETON

URBAN DISTRICT COUNCIL

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

and the

CHIEF SANITARY INSPECTOR.

1955

ETON URBAN DISTRICT COUNCIL.

Health, Highways and Works Committee.

January to May, 1955.

Chairman:
Councillor B.J.W. Hill.

- " H.F. Bright.
 - " C.H. Christie.
 - " A.G.E. Greaves.
 - " H. Pardy.
 - " Mrs. A. Van Oss.
 - " Mrs. F. I. Wilson.
 - " B.T. Wolfe.
-

Health, Highways and Works Committee.

May to December, 1955.

Chairman:
Councillor B.J.W. Hill.

- " R.J. Clibbon.
 - " A.G.E. Greaves.
 - " Mrs. W.H. Hay.
 - " S.E.R. Judd. J.P., (Chairman of the Council)
 - " Mrs. A. Van Oss.
 - " Mrs. F. I. Wilson.
 - " B.T. Wolfe.
-

Eton Urban District Council.

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

For the Year 1955.

To the Chairman and Members of the Council.

Mr.Chairman, Ladies and Gentlemen,

I have pleasure in presenting the following report on the sanitary circumstances of the district for the year 1955.

Once again I am happy to report that there has been no epidemic of infectious disease and that the health of the population has been generally satisfactory.

Infectious diseases have a tendency to recur in epidemic form periodically - e.g. at 2, 3 or perhaps 5 year intervals. When the epidemiology is studied over a wider field and longer periods of time another ebb and flow of infection becomes apparent in that certain diseases appear to lose their virulence and others arise to take their place. In 1803 a famous economist commenting on the introduction of vaccination against Smallpox wrote "I feel not the slightest doubt that if the introduction of cowpox should extirpate the smallpox, we shall find a very perceptible difference in the increased mortality of some other disease". Seventy years later another writer recorded that "the infectious diseases replace each other and when one is rooted out it is apt to be replaced by others which ravage the human race indifferently!"

This pessimistic writing appeared to have some justification as during the half century which followed the country was ravaged by Typhoid and Influenza.

In 1674 Measles was described as extremely infectious but usually attended with little danger and a physician was not often employed for this disease.

By the year 1800 the position had changed sharply and Measles was a virulent and serious disease with a high mortality

among both adults and children.

This remained until about 1840 when it began to cbb and it was displaced by Scarlet Fever which was the chief infectious disease during the next half century.

These observations may cause us to reflect on the present position and hesitate before concluding too hastily that infectious diseases are no longer a matter of serious concern.

The present phase of semi-quiescence may prove to be transitional and we may yet be confronted with a sudden increase in virulence of one of the known infectious diseases or the appearance of something entirely new.

Poliomyelitis may be cited as an instance of a serious disease not yet fully understood which has occupied the attention of Medical Officers of Health more during the past 10 years than ever before, and there might yet be additions of greater virulence to the several strains of virus already known to cause this infection.

The recent introduction of new legislation on the subject of food hygiene is an assurance that those who are in a position to see the picture as a whole and better able to judge are well aware that there is no room for complacency in the control of communicable diseases.

Diseases such as Food Poisoning and Dysentery which are almost always due to lack of personal hygiene and carelessness are avoidable and should not occur. Almost all that is required to ensure their prevention is clean personal habits on the part of all those who are in any way engaged in the preparation or handling of food.

Other diseases which are less commonly spread by food may not be as easily avoided but measures of control are available by vaccination or inoculation which produces an active immunity in the individual.

In this district immunisation against Diphtheria is offered at two Maternity and Child Welfare Clinics and also at schools to all new entrants at the age of 5 and again to the intermediate age group VIZ. 10 years. These arrangements are made through the County Health Department who also provide B.C.G. vaccination against Tuberculosis for children between the ages of 13 and 14. Vaccination against Poliomyelitis was not available during 1955 but was introduced in 1956 and will it is anticipated be generally available in the near future.

Vaccination against Smallpox is as in the past carried out by the family doctor and should be done on all infants under six months of age preferably about the fourth month.

I need hardly mention the extreme importance of Diphtheria immunisation and the need to raise the percentage of immunised to an even higher level than at present. This serious disease has been brought under control but the position can be maintained only by keeping the percentage of infants immunised well above the danger level, and the objective should be to achieve 100% in all those under 1 year of age.

The statistics for the year 1955 show that there was a further slight increase in population. The Registrar General's estimation at mid year was 4,860 which is an increase of 80. The natural increase (Births minus Deaths) was 33 - and therefore the number of immigrants was 47.

The principal cause of death was diseases of the heart and malignant diseases came second. Once again there were no deaths from tuberculosis.

The infant mortality rate per 1,000 live births increased from 20.4 in 1954 to 45.5 in 1955. Attention is drawn to this figure in the tables as when dealing with such small numbers it is much more satisfactory to compare actual figures and for this reason the actual numbers involved are given in brackets after the calculated rate. It will be seen that the actual increase in 1955 was only 2 infant deaths.

The principal infectious disease was measles with a total of 68 cases notified. None of these were treated in hospital which might be taken as an indication that the complications were not generally severe in character.

The water supply to the district is provided by Windsor Corporation and copies of the laboratory reports on the purity have been received regularly. These have been satisfactory.


I should like to acknowledge the assistance I have received at all times from the Members of the Council and fellow Officers.

I am,

Your Obedient Servant,

G. HOBIN.

Medical Officer of Health.



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SECTION 1.

GENERAL STATISTICS.

Area.....969.3 acres.

Number of inhabited houses at end of 1955.

(According to the rate books).....1,155.

Rateable Value at 1.4.55.....£47,196.

Product of Penny Rate.(1954/1955).....£190.11.1.

Population.(Registrar General's estimate for mid year.) 4,860.

VITAL STATISTICS.

<u>Live Births.</u>	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Legitimate.....	26	40	66
Illegitimate.....	-	-	-
	<hr/>	<hr/>	<hr/>
Totals:	26	40	66
	<hr/>	<hr/>	<hr/>

Birth Rate per 1,000 population.....13.6

National Rate.....15.0

Comparability Factor..... 1.15

<u>Still Births</u>	<u>Male.</u>	<u>Female.</u>	<u>Total.</u>
Legitimate.....	-	-	-
Illegitimate.....	-	-	-
	<hr/>	<hr/>	<hr/>
Totals:	-	-	-
	<hr/>	<hr/>	<hr/>

Still Birth Rate per 1,000 Total Births..... Nil.

Still Birth Rate per 1,000 Population..... Nil.

National Rate per 1,000 Population..... 23.0

Deaths.

	<u>Male</u>	<u>Female</u>	<u>Total.</u>
--	-------------	---------------	---------------

Total:	19	14	33
--------	----	----	----

Crude Death Rate per 1,000 population.....6.8

Corrected Death Rate - allowing for sex and age.

(Comparability Factor = 1.31).....8.90

National Death Rate.....11.7

Ratio of Corrected Death Rate to National.....0.13

Infant Mortality. (Deaths of Infants under 1 year of age).

	<u>Male</u>	<u>Female</u>	<u>Total.</u>
--	-------------	---------------	---------------

Legitimate.....	1	1	2
-----------------	---	---	---

Illegitimate.....	1	-	1
-------------------	---	---	---

2	1	3
---	---	---

Death Rate for all Infants per 1,000 Live Births.....45.5

National Rate.....24.9

Death Rate for Legitimate Infants per 1,000 Legitimate Births.30.30.

Death Rate for Illegitimate Infants per 1,000 Illegitimate Births..Nil.

Neo - Natal Mortality. (Deaths of Infants under 4 weeks of age)

	<u>Male.</u>	<u>Female</u>	<u>Total</u>
--	--------------	---------------	--------------

Legitimate.....	1	1	2
-----------------	---	---	---

Illegitimate.....	1	-	1
-------------------	---	---	---

2	1	3
---	---	---

Death Rate for all Infants under 4 weeks per 1,000 Live Births. 45.5

Maternal Mortality. (Deaths due to or associated with pregnancy and childbirth).

Total from all causes.....Nil.

Death Rate per 1,000 live and still births....Nil.

National Rate.....0.64.

CAUSES OF DEATH in the Eton Urban District during 1955.

	<u>Male</u>	<u>Female</u>	<u>Total.</u>
All Causes.....33.	19	14	33
1. Tuberculosis, Respiratory.....	-	-	-
2. Tuberculosis, other.....	-	-	-
3. Syphilitic disease.....	-	-	-
4. Diphtheria.....	-	-	-
5. Whooping Cough.....	-	-	-
6. Meningococcal Infections.....	-	-	-
7. Acute Policnryclitis.....	-	-	-
8. Measles.....	-	-	-
9. Other infective and parasitic diseases.	-	-	-
10. Malignant neoplasm - stomach.....	1	-	1
11. Malignant neoplasm - Lung, bronchus.....	3	-	3
12. Malignant neoplasm - breast.....	-	-	-
13. Malignant neoplasm - uterus.....	-	-	-
14. Other malignant and lymphatic neoplasm.	1	1	2
15. Leukaemia, aleukaemia.....	-	1	1
16. Diabetes.....	-	-	-
17. Vascular lesions of nervous system.....	2	3	5
18. Coronary disease, angina.....	2	2	4
19. Hypertension with heart disease.....	-	-	-
20. Other heart disease.....	6	4	10
21. Other circulatory disease.....	1	-	1
22. Influenza.....	-	-	-
23. Pneumonia.....	-	-	-
24. Bronchitis.....	-	-	-
25. Other diseases of the respiratory system.-	-	-	-
26. Ulcer of stomach and duodenum.....	-	1	1

Causes of death (continued).

	<u>Male</u>	<u>Female</u>	<u>Total</u>
27. Gastritis, enteritis and diarrhoea.....	-	-	-
28. Nephritis and nephrosis.....	-	-	-
29. Hyperplasia of prostate.....	-	-	-
30. Pregancy, childbirth, abortion.....	-	-	-
31. Congenital malformations.....	-	-	-
32. Other defined and ill defined diseases...	2	1	3
33. Motor vehicle accidents.....	-	-	-
34. All other accidents.....	1	1	2
35. Suicide.....	-	-	-
36. Homicide and operations of war.....	-	-	-
	<hr/>	<hr/>	<hr/>
Totals:	19	14	33

TABLE 1.

Deaths and death rates per 1,000 Population from Principal Causes 1951 - 1955.

A = No. of deaths.

B = Death rate.

Cause.	1951.		1952.		1953.		1954.		1955.	
	A	B	A	B	A	B	A	B	A	B
T.B.Respiratory.	2	0.47	1	0.21	-	-	-	-	-	-
Malignant Diseases All types.	6	1.28	6	1.29	4	0.84	8	1.68	6	1.23
Pneumonia.	2	0.42	-	-	-	-	1	0.21	-	-
Bronchitis.	5	1.07	-	-	-	-	2	0.42	-	-
Diabetes.	-	-	-	-	-	-	-	-	-	-
Vascular lesions of nervous system.	4	0.85	5	1.05	7	1.48	6	1.26	5	1.29
Diseases of the heart all types.	7	1.50	10	2.10	8	1.68	8	1.68	14	2.99
Congenital malformation.	-	-	1	0.21	1	0.21	-	-	-	-
Other circulatory diseases.	2	0.42	1	0.21	-	-	-	-	1	0.23

TABLE 11.

Comparison of Local and National Birth Rates, Death Rates and Infant Mortality Rates 1945 - 1954.

Year.	Birth Rates per 1,000 Population.		Death Rates per 1,000 Population.		Infant Mortality Rates. (i.e. under 1 year of age, per 1,000 Live Births).	
	Eton Urban District.	England & Wales.	Eton Urban District.	England & Wales .	Eton Urban District.	England & Wales.
1945	14.4 (57)	16.1	7.5 (32)	11.4	52.6 (3)	46.0
1946	15.9 (53)	19.1	7.2 (32)	11.5	37.7 (2)	43.0
1947	16.6 (55)	20.5	9.3 (42)	12.0	18.2 (1)	41.0
1948	14.6 (67)	17.9	8.9 (41)	10.8	29.87 (2)	34.0
1949	8.2 (38)	16.7	8.0 (37)	11.7	-	32.0
1950	14.3 (65)	15.8	9.91 (45)	11.6	30.77 (2)	29.8
1951	11.3 (53)	15.8	6.40 (30)	12.5	-	29.6
1952	10.08(47)	15.3	6.92 (32)	11.3	42.55 (2)	27.6
1953	15.00(70)	15.5	5.72 (27)	11.4	14.1 (1)	26.8
1954	10.3 (49)	15.2	6.3 (30)	11.3	20.4 (1)	25.5
1955	13.6 (66)	15.0	6.8 (33)	11.7	45.5 (3)	24.9

Note: The actual numbers are given in parenthesis for the purpose of clearer comparison.

TABLE III.

TUBERCULOSIS.

Notification Register - Additions and Deletions.

ADDITIONS.

	Pulmonary		Non Pulmonary.			Combined Totals.
	Male	Female	Total.	Male	Female	Total.
No. on Register at 1st Jan. 1955.	22	16	38	7	4	11
No. entered by notification.	1	1	2	-	-	2
No. entered other than by notification.	-	-	-	-	-	-

DELETIONS.

No. removed from Register due to:-						
a) Death	-	-	-	-	-	-
b) Removed from District.	-	-	-	-	-	-
c) Denotification.	1	-	-	-	-	1
No. remaining on Register at 31.12.55.	22	17	39	7	4	11
						50
						10.

TABLE IV.
M O R T A L I T Y.

Comparison of deaths from Tuberculosis during 1955 with previous years.

Year	Population	Pulmonary		Non Pulmonary		Combined Totals.	Death Rate per 1,000 population.
		Male	Female	Male	Female.		
1945	4,280	-	-	-	1	1	0.21
1946	4,414	2	-	-	1	3	0.63
1947	4,513	2	-	-	-	2	0.42
1948	4,590	-	-	-	-	-	-
1949	4,570	-	-	-	-	-	-
1950	4,540	-	-	-	-	-	-
1951	4,676	1	1	-	-	2	0.42
1952	4,664	-	1	-	-	1	0.21
1953	4,723	-	-	-	-	-	-
1954	4,780	-	-	-	-	-	-
1955	4,860	-	-	-	-	-	-

SECTION 111
TABLE V

Prevalence of Notifiable Diseases.
Showing cases notified during 1955, numbers admitted to hospitals and deaths.
Also notifications for years 1945 - 1955.

Disease	Cases notified 1955.	Hospital Admissions 1955.	Deaths 1955.	1954	1953	1952	1951	1950	1949	1948	1947	1946	1945
Smallpox	-	-	-	-	-	-	-	-	-	-	-	-	-
Scarlet Fever	-	-	-	-	6	8	-	2	3	-	2	8	4
Diphtheria	-	-	-	-	-	-	-	-	-	-	-	-	-
Enteric Fever.	-	-	-	-	-	-	-	-	-	-	-	-	-
Typhoid "	-	-	-	-	-	-	-	-	-	-	-	-	-
Paratyphoid "	-	-	-	-	-	1	-	-	-	-	-	-	-
Puerperal Pyrexia	-	1	-	1	1	-	-	-	-	-	-	1	-
Pneumonia	-	-	-	-	-	-	-	-	-	-	-	-	-
Erysipelas	-	-	-	-	-	-	-	-	-	-	-	-	-
Ophthalmia Neonatorum	-	-	-	-	-	1	-	-	-	-	-	-	-
Measles	68	-	-	10	51	103	35	105	28	1	44	91	40
Whooping Cough	2	-	-	46	46	13	1	17	7	-	5	-	-
Meningococcal Infection	-	-	-	-	-	-	-	-	-	-	-	-	-
Polionyelitis.	-	-	-	-	-	-	-	-	-	-	-	-	-
a) Paralytic	1	1	-	-	1	1	-	-	-	-	2	-	-
b) Non Paralytic	-	-	-	-	-	3	-	-	-	-	-	-	-
Acute Encephalitis.	-	-	-	-	-	-	-	-	-	-	-	-	-
a) Infective.	-	-	-	-	-	-	-	-	-	-	-	-	-
b) Post Infectious	-	-	-	-	-	-	-	-	-	-	-	-	-
Dysentery	-	-	-	-	-	-	-	-	-	-	-	-	-
Food Poisoning	-	-	-	-	-	-	-	-	-	-	-	-	-
Malaria	-	-	-	1	1	-	-	-	3	-	-	-	-
Tuberculosis.	-	-	-	-	-	-	-	-	-	-	-	-	-
a) Pulmonary	2	1	-	7	4	4	2	-	-	-	2	2	1
b) Non Pulmonary	-	-	-	1	-	-	-	-	-	-	-	-	-

TABLE VI
Immunisation and Re - Immunisation

	Primary Immunisation				Re - Immunisation
	Age at date of final injection.			Total	
	Under 1 year.	1 - 4 years.	5 - 14 years.		
Diphtheria only	-	2	9	11	57
Diphtheria/Whooping Cough.	26	10	-	36	-
Whooping Cough only.	-	-	-	-	-

SECTION IV
FACTORIES ACTS, 1937 and 1948.

PART 1 of the ACT.

1. INSPECTIONS for the purpose of provisions as to health(including inspections made by the Sanitary Inspectors.

Premises.	Number on Register.	Number of		
		Inspections.	Written notices.	Occupiers prosecuted.
(1) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities.	33	36	-	-
(2) Factories not included in (1) in which Section 7 is enforced by the Local Authority.	11	11	-	-
(3) Other premises in which Section 7 is enforced by the Local Authority. (excluding out-worker's premises).	-	-	-	-
TOTAL:	44	47	-	-

SECTION IV (Continued).

PART 1 of the Act.

2. CASES IN WHICH DEFECTS WERE FOUND.

Particulars.	Number of cases in which defects were found.			Number of cases in which prosecutions were instituted.
	Found.	Remedied.	Referred to H.M. Inspector.	By H.M. Inspector.
Want of cleanliness.	-	-	-	-
Overcrowding.	-	-	-	-
Inadequate Ventilation.	-	-	-	-
Ineffective drainage of floors.	-	-	-	-
Sanitary Conveniences.				
a) Insufficient.	-	-	-	-
b) Unsuitable or defective.	-	-	-	-
c) Not separate for sexes.	-	-	-	-
Other offences against the Act. (Not including offences relating to outwork).	-	-	-	-
Total:	-	-	-	-

SECTION 1V (Continued)

PART VIII of the ACT
(Sections 110 and 111)

Nature of Work.	Section 110			Section 111		
	No. of outworkers in August list required by Sect.110. (1)(c).	No.of cases of default in sending lists to the Council.	No. of prosecutions for failure to supply lists.	No.of instances of work in un-wholesome premises.	Notices Served.	Pros-ecutions.
aring parel. aking etc. eaning d Washing)	11	-	-	-	-	-
TOTAL:	11	-	-	-	-	-

SECTION V

WATER ANALYSIS

Bacteriological Examination of Samples of Water

1. Number of Colonies developing on Agar.	1 day @ 37°C.	2 days @ 37°C.	3 days @ 20°C.
	0 per ml.	0 per ml.	0 per ml.
	Present.	Absent.	Probable No.
Presumptive Coli-aerogenes Reaction.	- 100 ml.		0 per 100 ml.
Bact. coli. (Type 1)	- 100 ml.		0 per 100 ml.
Cl. welchii Reaction.	- 100 ml.		

This samples is clear and bright in appearance and conforms to the highest standard of bacterial purity.

These results are indicative of a water which is wholesome in character and suitable for drinking and domestic purposes.

2. Number of Colonies developing on Agar.	1 day @ 37°C.	2 days @ 37°C.	3 days @ 20°C.
	0 per ml.	0 per ml.	24 per ml.
	Present	Absent	Probable No.
Presumptive Coli-aerogenes Reaction.	- * 50 ml.	20 ml.	3 per 100 ml.
Bact. coli (Type 1)	-	100 ml.	0 per 100 ml.
Cl. welchii Reaction.	-	100 ml.	

* Aerogenes Type 1.

This samples is clear and bright in appearance and shows only slight bacterial impurity including organisms of the coli-aerogenes group in small numbers.

SECTION V (Continued)

CHEMICAL EXAMINATION OF A SAMPLE OF WATER.

3. Chemical results in parts per million.

Appearance: Bright with a few particles. Microscopic examination shows amorphous mineral and traces of organic debris.

		Turbidity	less than 3.
Colour	Nil.	Odour	Nil.
pH	7.1	Free Carbon Dioxide	32
Electric Conductivity.	840	Total solids	560
Chlorine present as Chloride.	62	Alkalinity as Calcium Carbonate	280
Hardness: Total	380		
Carbonate	280		
Non-Carbonate	100		
Nitrate Nitrogen	4.2	Nitrite Nitrogen	less than 0.01
		Oxygen Absorbed	0.50
Ammoniacal Nitrogen	0.017	Residual Chlorine	...
Albuminoid Nitrogen	0.029		
Metals	Iron: less than 0.03, other metals absent.		

This sample is practically clear and bright in appearance, neutral in reaction and free from metals apart from a negligible trace of iron. The water is very hard in character. Its hardness and its content of mineral and saline constituents are not excessive; they show a composition distinctly different from the river water. The water contains a minute trace of ammoniacal nitrogen but it is otherwise of a high standard of organic quality.

These results are indicative of a water which, from the aspect of the chemical analysis, is pure and wholesome in character and suitable for public supply purposes.

Maternity Accommodation.

Upton Hospital, Slough.
The Canadian Red Cross Memorial Hospital, Taplow.
Old Windsor Hospital, Old Windsor.
Colinswood Maternity Home, Farnham Common.
Princess Christian Maternity Home, Windsor.

Ante and Post Natal Care.

Facilities are provided by the Regional Hospital Board and Clinics conducted at all the main general hospitals and Maternity Homes in the surrounding districts as follows:-

King Edward VII Hospital, Windsor.	Ante Natal.	Monday mornings.
King Edward VII Hospital, (Old Windsor) (Clinics held at Kipling Memorial Buildings, Alma Road, Windsor).	Ante and Post Natal.	Friday mornings and Tuesday afternoons.
The Canadian Red Cross Memorial Hospital, Taplow.	Ante Natal.	2nd and 4th Thurs. mornings each month.
Colinswood Maternity Home, Farnham Common.	Ante and Post Natal.	Every 3rd Monday morning (monthly) and every Wednesday morning.
Upton Hospital, Slough.	Ante and Post Natal.	Monday morning and Thursday afternoon (Ante-natal). Monday afternoon and Friday morning. (Post Natal).

SECTION VIII

The following are the most important Official Publications received during the year related to the work of the Public Health Department.

1. Ministry of Health Circular and Posters - Venereal Diseases Educational Campaign.
2. Ministry of Health Circular No.5/55. - Diphtheria Prophylaxis Publicity Campaign.
3. Ministry of Food Circular MF1/55. - Myxomatosis in Rabbits and Hares.
4. Ministry of Food Circular MF3/55. - Milk and Dairies Regulations, 1949. - Approved Oxidising and Preservative Agents.
5. Ministry of Health Circular 4/55. - National Assistance Act, 1948. Certification of Blindness and Partial Sight.
6. Ministry of Health Memorandum. HM(55) 28. - National Health Service - Nursing Techniques.
7. Ministry of Health Memorandum. HM(55)35. - Public Health (Tuberculosis) Regulations, 1952. Notifications by Hospitals to M.O.H.
8. Ministry of Health Circular 7/55. - Civil Defence: Welfare Section . Nursing Courses.
9. Ministry of Food Circular MF.5/55. - Slaughter of Animals (Prevention of Cruelty) Amendment Regulations.
10. Ministry of Food Circular MF.6/55. - The Transfer of Functions. (Food and Drugs) Order. 1955.
11. Ministry of Food Circular MF.8/55. - Milk and Dairies Regulations 1949. Approved Oxidising and Preservative Agents.
12. Ministry of Food Circular MF10/55. - Milk and Dairies Regulations, 1949/54.
13. Ministry of Health Illustrated Brochure.- Diphtheria Prophylaxis Publicity Campaign.
14. Ministry of Food Circular MF 13/55. - Food and Drugs Act, 1955.

ETON URBAN DISTRICT COUNCIL

Annual Report of the Chief Sanitary Inspector.

For the year 1955.

FOOD INSPECTION.

(a) Meat. The Slough Corporation slaughterhouse in Cippenham Lane still continues to provide the facilities for slaughtering for the Urban District area.

Slough Corporation provides for the whole of the post mortem inspections and the appendix to the Ministry of Health Circular No. 17/55 is therefore a nil return.

The majority of the meat sold in the area is supplied through wholesalers in Windsor and London and all meat from this source has been fully covered by inspectors at the place of slaughter.

As a result of periodic inspections and voluntary surrender, 245 lbs of meat in various quantities was found to be unfit for human consumption and was condemned by me and destroyed under my supervision.

There are no registered slaughtering facilities within the Urban District. There is one slaughterhouse, but this is not used.

No applications have been received during the year for grading under the Pig Marketing Guarantee scheme.

(b) Milk. The area is a scheduled area and all milk produced in the area is sent in bulk for pasteurisation. All milk retailed in the area is now pasteurised and is supplied daily, already bottled, from premises outside the area. A total of six supplementary licences were issued authorising the designations "pasteurised" and "tuberculin tested" in relation to milk which was sold by retail from premises outside the Urban District and two Dealer's licences authorising the use of the special designation "pasteurised" were issued for the retail of milk from premises within the Urban District, but which is pasteurised outside the area.

No complaints were received concerning the milk supplied in the area.

(c) Other Foods. (1) Para.7. Ministry of Health Circular 1/54.

Grocers	8
General Stores	3
Inns	8
Cafes	10
Fishmongers	1
Fried and Wet Fish	1
Butchers	4
Bakers and Confectioners	3
Restaurants and Confectioners	2
Sweets, Ice Cream and Tobacconists	9
Greengrocers	3
Dairies	1
Bakehouses	2
Tea Stalls	1

(2) General. - Upon inspection the following quantities of food were found to be unfit for human consumption and were condemned and destroyed under my supervision:-

Ham	131 lbs. in various quantities.
Luncheon Meat	20 lbs. in various quantities.
Fish	34 lbs. in various quantities.

(d) Food Premises and Food Hygiene. Inspections are made from time to time of premises supplying food for human consumption. Apart from sausages there is no manufacture of foodstuffs in the area. Most of the food retailed is pre-packed by the manufacturers and there is only one case where ice cream is supplied in bulk. This is not supplied to the general public and is stored in proper refrigerators.

DRAINAGE AND SANITATION.

The sewage continues to be disposed of through Slough Corporation Sewage Disposal Works and the arrangement is working satisfactorily. Difficulties of access to the sewers for rodent control and cleansing have been partially overcome by the construction of four new manholes and further work in this respect is to proceed during 1956.

There were no major sewer extensions during the year.

During the year 15 new premises were connected to the public sewers.

Seventeen houses still discharge their sewage into septic tanks which are emptied twice a year by the Council.

Eleven houses still rely on bucket closets; no night soil collection is made and the occupiers bury the contents of the buckets on their land.

WATER SUPPLY.

Water to the area is supplied from the Windsor Corporation Waterworks in Eton. A piped supply is available to the whole area, and an adequate supply has been maintained.

Windsor Corporation are supplying copies of the water analysis regularly, and these show that the water is being maintained to a proper standard of purity.

In addition to the area supplied by the Windsor Corporation, Willowbrook and three cottages, and the boat houses in Pococks Lane are supplied with piped water supply from the Slough Corporation Waterworks in Pococks Lane. In addition, three cottages are without a piped supply and rely on wells for water.

There were no major extensions to the water mains or area of supply during the year.

During the year fifteen new houses were connected to the public supply.

All water supplied to the area is chlorinated.

The Council provides a supply of water to Boveney Camp in the Rural District area.

REFUSE COLLECTION AND DISPOSAL.

(a) General. Every effort has been expended to maintain a weekly collection of refuse, but with the increased number of houses, general labour difficulties and increased holiday allocation, it has proved extremely difficult to cover the whole of the area with a weekly collection. Private arrangements with some of the College boys' houses whereby pigkeepers collected and disposed of the house refuse in exchange for the kitchen waste have proved unsatisfactory and the refuse collection service for an increased number of boy's houses has been taken over by the Council.

The Council collect a limited amount of refuse from business premises and provide facilities for shopkeepers and business premises to deposit their waste material on the Council's tip.

The refuse is disposed of by controlled tipping.

(b) Kitchen Waste. Throughout the Urban District kitchen waste is controlled by private arrangements with pigkeepers, and this has proved satisfactory.

DISINFESTATION.

Rooms in one house were disinfected after notifiable infectious disease. There were no cases of bed bugs reported or dealt with during the year.

REFUSE CONTROL.

All reported cases of infestation have been treated. Periodic treatment is carried out at the Council's refuse tip, pumping stations and farm. Additional staff was trained in this work during the year and an increased service supplied.

Partial block treatment was carried out. A ten per cent test on the sewers proved that urgent treatment was required, and steps have been taken to reduce this source of infestation.

The regular treatment and improved method of controlled tipping has reduced the infestation of the refuse tip to almost nil.

MOVEABLE DWELLINGS.

The limited period permission for the caravan site expired during the year. The Council refused to re - licence this and, on appeal, the Minister supported the Council's refusal. The Council have, however, taken steps to see that existing occupants do not suffer undue hardship, and have issued temporary licences for their continued occupation.

